

*** Live Scan Electronic Fingerprinting - \$67.75 Fee Required ***
Criminal History Information Release Form

Mail Request To:	
Mail Release Form to:	Alabama Bureau of Investigation Identification Unit P.O. Box 1511 Montgomery, Alabama 36102-1511
Send Money Order, Cashier's Check or Certified check payable to:	Alabama Dept. of Human Resources
Send Copy of this Form and the Mandatory Criminal History Notice To:	Office of Criminal History Checks P.O. Box 304000 Montgomery, Alabama 36130-4000 (334) 353-5516

SECTION 1.

<i>Type or print legibly</i>		(*) REQUIRED INFORMATION
*Social Security Number:		
First Name:	Middle:	Last:
*All Other Names Used:		Phone #:
*Address:		
*City:	*State:	*Zip Code:
*Date of Birth:	*Race:	*Sex:

SECTION 1.A.

	Employment	Home Study	Household Members	License/Approval	Therapeutic Programs	Volunteer Work
Applying For: (Check One)	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> DHR Adoption	<input type="checkbox"/> DHR Adoption	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Board Member
	<input type="checkbox"/> Child Placement Agency	<input type="checkbox"/> ICPC	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> DHR
	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Private Adoption	<input type="checkbox"/> Home Day Care	<input type="checkbox"/> Elder Care	<input type="checkbox"/> Relative Placement	<input type="checkbox"/> Internship
	<input type="checkbox"/> DHR <input type="checkbox"/> DHR Other	<input type="checkbox"/> Relative Placement	<input type="checkbox"/> Private Adoption	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> Elder Care	<input type="checkbox"/> Other	<input type="checkbox"/> Relative Placement	<input type="checkbox"/> Home Day Care		
	<input type="checkbox"/> Foster Care		<input type="checkbox"/> Other	<input type="checkbox"/> Other		
	<input type="checkbox"/> Health Services					
	<input type="checkbox"/> Home Day Care					
	<input type="checkbox"/> Preventive Services					
	<input type="checkbox"/> Residential Care Agency					
	<input type="checkbox"/> Other					

SECTION 1.B.

Affidavit For Release of Information		
<p>I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Department of Human Resources and its officers and agents from any and all claims, actions, or causes of action, which may arise as a consequence of the release of the criminal history information.</p> <p>I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of Human Resources to release any and all criminal history information.</p> <p>I certify that I have read this release and that I understand the significance of the same and in witness thereof I have voluntarily signed my name on this _____ day of _____, 20____.</p> <p align="center">Signature: _____</p> <p>*NOTE* This document must be witnessed by two persons <u>or</u> notarized by a Public.</p>		
Name of Witness #1 _____ Address of Witness #1 _____ City, State Zip _____	Name of Witness #2 _____ Address of Witness #2 _____ City, State Zip Code _____	Fingerprint Technician: _____ Fingerprint Card Issued _____ Electronic Transmission To DPS _____ Signature _____ Date _____
OR		
Sworn to and subscribed before me on this _____ day of _____, 20____.		
Signature of Notary Public _____ My commission expires _____, 20____		

SECTION 2.

Name of Requesting Agency _____	DHR Contract # (if avail.) _____	Phone Number _____
Address of Requesting Agency _____	Date _____	